## Application Number 10/573,635 TRANSMITTAL Filing Date 3/28/2006 FORM First Named Inventor Yasunori Hattori Art Unit 1794 **Examiner Name** Jason L. Savage (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Attorney Docket Number 2950 - 060834 **ENCLOSURES** (check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer identify below): Request for Refund Express Abandonment Request CD, Number of CD(s) \_\_\_ Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name The Webb Law Firm Signature

Printed Name	Bryan P. Clark								
Date	June 23, 2009	Reg. No.	60,465						
CERTIFICATE OF TRANSMISSION / MAILING									
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450(on the date shown below:									
Signature	Xwa X. 9V	aller							
Typed or printed nam	ne Lisa A. Miller		Date	June 23, 2009					

Effective of	on 12/08/2004.											
EJJECTIVE ON 12106/2004.  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known								
FEE TRANSMITTAL				ication Number	10/573,635							
For FY 2009				g Date	3/28/2006							
TOT I' I 2009				Named Inventor	***************************************							
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Jason L. Savage								
TOTAL AMOUNT OF PAYMENT (\$) 1110.00				Art Unit 1794 Attorney Docket 2950 - 060834								
	Atto	ney Docket	2930 - 00	00054								
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
	•		otor is norcely			• • • •	nt for the	filing fee				
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  under 37 CFR 1.16 and 1.17  Credit any overpayments												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION (All th	e fees below	are due upon f	iling or may	be subject to a su	rcharge.)	COLUMN TO THE COLUMN						
1. BASIC FILING, SEARC	H, AND EX											
F	ILING FEES		RCH FEES		TION FEES							
Application Type Fee	Small En (\$) Fee (3		Small Entity Fee (\$)	Fee (\$)	Fee (\$)		Fees P	aid (\$)				
Utility 33	0 82	540	270	220	110							
Design 22	0 110	100	50	140	70	•						
Plant 22	0 110	330	165	170	85	•						
Reissue 33	0 165	540	270	650	325	•						
Provisional 22	0 110	0	0	0	0	•						
2. EXCESS CLAIM FEES						•		Small Entity				
Fee Description					]	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)								26				
Each independent claim over	3 (including)	Reissues)					220	110				
· Multiple dependent claims  Total Claims - 20 or F	OD Free	ro Cloims	Fee (\$)	Fee Paid (\$)		TA.AT	390 ultiple De	195 ependent Claims				
<u>Total Claims</u> - 20 or F	<u> </u>	<u>ra Claims</u> x	<u>ree (5)</u>	ree raiu (5)			Fee (\$)	Fee Paid (\$)				
HP = highest number of total cla	ims paid for, if	greater than 20.					100(0)	10011111111111				
Indep. Claims - 3 or H)	$\frac{\mathbf{E}\mathbf{x}\mathbf{t}}{\mathbf{z}}$	ra Claims x	<u>Fee (\$)</u>	Fee Paid (\$)								
HP = highest number of indepen	dent claims paid		3.									
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.												
See 35 U.S.C. 41(a)(							· • •	T T 11 (0)				
	tra Sheets			ditional 50 or fra		f Fee (	<u>\$)</u>	Fee Paid (\$)				
	/	50 =	(rour	nd up to a whole nur	11001)	A		Face D=:4 (6)				
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 3-month Petition for Extension of Time												
SUBMITTED BY	n 1.	j.	R	Legistration No.								
Signature 0	3x 11			Attorney/Agent)	60,465	Telephor	ne 4]	12-471-8815				
Name (Print/Type) Brya	n P. Clark					Date	June	23, 2009				